

CHILD SEXUAL ABUSE AND EXPLOITATION PREVENTION BOARD

Child Sexual Abuse Medical Examination Funding Application

Fiscal Year Ending _____

Applicant Information

Name	
Mailing Address	
City, State, ZIP Code	
Phone	
Email	
Fed Employer I. D.	

Funding Information

Number Exams Requested	
Total Amount Requested	
Exams Completed prior FY	

Contact Information

Executive Director		Email
Medical Program Contact		Email
Agency Website		

List All Medical Program Staff:

Director, Physician(s), Medical Unit Coordinator, Registered Nurse(s), Physician Assistant(s), Advanced Practice Registered Nurse(s), etc.

Name	Position	Type of Licensure	Assists with Exams?

Counties Served

Counties in Region	
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Counties Served	
Counties Not Served by Medical Exams	
Reason Why Counties Not Served by Medical Exams	

Financial Assistance Data

Does the Applicant have any of the following:

- Outstanding Liens or Court Judgments
- Back payments owed to IRS or KY Department of Revenue
- Current or previous civil actions

If so, please describe any liens, judgments, civil suits or back payments listed above:

501(c)(3) status

Please attach documentation of your current status as a 501(c)(3) organization.

Scheduling of CSA Exams

Please describe applicant's method of scheduling child sexual abuse exams. Please provide information regarding the process of incoming referrals: who makes the referral; how the referral is handled when it is received during regular work hours as well as when received after hours; and who determines whether an exam is needed. Also include information regarding what happens if a child needs to be seen sooner than the scheduled clinic day and how children and non-offending caregivers are prepared for the exam.

Case Management Services

Please describe the case management services that are typically performed for a child sexual abuse examinations.

CVTF Funding

Please describe in detail how CVTF funding will be utilized within your agency. If CVTF funding is used to help fund a position, also describe the duties of that position.

Other

Please describe any other concerns that affect the administration of the CSAMR program:

Public Relations Plan

The Child Victims' Trust Fund receives its revenues from the state income tax refund check-off, a small portion of the purchase and renewal price for the **"I Care About Kids"** license plate, and private donations. To ensure the continuing generation of funds, it is imperative that all Applicants develop and implement a Public Relations Plan to promote CVTF revenue programs in every county throughout the Applicant's service region. Collaboration with local media, other community groups or community agencies is required in the development of this plan. Additionally, the CVTF logo must be included on all of the Applicant's printed materials referencing a CVTF program, such as brochures or agency websites.

List any locations where promotional materials will be provided/displayed:

County Clerk Offices

Courthouses

Police Departments

Pediatrician Offices

Child Care Centers

Community Centers

Health Departments

Youth Clubs

Tax preparation Firms

Other (please identify:)

Public Relations Plan Narrative

Please describe in full detail all public relations activities that will be conducted on behalf of the CVTF: